

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-470)						SERIAL NO. 522702 APPLICANT		FILING DATE 3-10-00					
						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	DEF.	NO.	DEF.	NO.	DEF.		NO.	DEF.	NO.	DEF.	NO.	DEF.
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2							62						
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TOTAL	6						TOTAL						
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